

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2		1					52			
3		1					53			
4		3					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					69			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15							65			
16							66			
17							67			
18							68			
19							69			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	12						TOTAL DEP.			
TOTAL CLAIMS	16						TOTAL CLAIMS			

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